

Tracking Number TNR112921

NOTICE OF COVERAGE UNDER THE GENERAL NPDES PERMIT FOR STORMWATER DISCHARGES ASSOCIATED WITH CONSTRUCTION ACTIVITY (CGP)

Tennessee Department of Environment and Conservation
Division of Water Resources
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville TN 37243

Under authority of the Tennessee Water Quality Control Act of 1977 (T.C.A. 69-3-101 et seq.) and the delegation of authority from the United States Environmental Protection Agency under the Federal Water Pollution Control Act, as amended by the Clean Water Act of 1977 (33 U.S.C. 1251, et seq.):

Name of the Construction Project:

Chattanooga - Moccasin Bend WWTP & Combined Sewer

System (16.5 acres)

Master Tracking Number at the Site:

TNR112921

Permittee Name:

Moccasin Bend Wastewater Treatment Plant

Contractor(s):

3D Enterprises Contracting Corporation (February 2, 2017)

is authorized to discharge:

storm water associated with construction activity

from site located at:

445 Mocassin Bend Road, Hamilton County

to receiving waters named:

Tennessee River

in accordance with effluent limitations, monitoring requirements and other conditions set forth herein.

Likely presence of threatened or endangered species in one mile radius: NO Likely presence of threatened or endangered species downstream: NO

Additional pollution prevention requirements apply for discharges into waters which TDEC identifies as:

- Exceptional Tennessee Waters: NO

Your coverage under the CGP shall become effective on **January 23, 2017**, and shall be terminated upon receipt of <u>Notice of Termination</u>.

A copy of the CGP can be obtained from http://www.tn.gov/environment/article/permit-water-npdes-stormwater-construction-permit

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION.
Division of Water Resources Clarulia Upgrade
William R. Snodgrass Tennessee Tower, 312 Rosa L. Parks Avenue, 11th Floor, Nashville, TN 31248)
Tolly ree Number: 1-888-891-TDEC (8332)
Notice of Intent (NOI) for General NPDES Permit for Stormwater Discharges from Construction Activities (TNR10)
te or Project

Site or Project City of Chattanooga - Moccasin Bend WWTP Secondary Clarific				Existing NPDES Tracking Number: TNR		
Street Address	Annania Dand	D-1 OL 44	TN 07.405	Start date: Se	otember 21, 2016	
or Location: 455 Moccasin Bend Rd., Chattanooga			a, IN 37405		rch 14, 2018	
Site Activity		-d (t-11-t)		The state of the s	0518	
Description:	on or concrete structures ar	nd installation of new piping for	wastewater treatment	Longitude (-dd.dddd): -85.3371		
County(les): Hami	ty(les): Hamilton MS4			Acres Disturbed: 4.28, per SWPPP, pg 4.		
Surfaction.			ty of Chattanooga	Total Acres: 185		
Does a topographic map				nt to the construction site?		
If wetlands are located of If an Aquatic Resource A	n-site and may be Impac Iteration Permit has bee	ited, attach wetlands deline n obtained for this site, wha	eation report. at is the permit numbe	er? ARAP permit No.:		
Receiving waters: Tenn	essee River					
Attach the SWPPP with the NOI: SWPPP Attached			Attach a site loca	Attach a site location map: Map Attached		
Site Owner/Developer Er ,and specifications): City	ntity (<i>Primary Permittee</i>) of Chattanooga	: (person, company, or lega	al entity that has opera	ational or design control over	construction plans	
Site Owner/Developer Signal (Individual responsible for	gnatory (V.P. level/highersle): Michael Patrick, P.E	r - signs certification below		Signatory's Title or Position (V.P. level/higher - signs certification below): Director, Waste Resources Division		
Malling Address: Department of Public Works, 455 Moccasin Bend Roa			city: Chattan	City: Chattanooga State: TN Zip: 37405		
Phone: (423) 757-5026	hone: (423) 757-5026 Fax: ()			E-mall: mpatrick@chattanooga.gov		
Optional Contact: Anthony Farina, P.E.			Title or Position:	Title or Position: Design Engineer		
Malling Address: Hazen	and Sawyer, 6133 R	Rockside Rd., Suite 203	City: Independe	ence State: OH	Zip: 44131	
Phone: (216) 503-5906	Fax: ()	E-mail: tfarina@ha	zenandsawyer,com		
Owner or Developer Ce	rtification (must be sign	ned by president, vice-presi	ident or equivalent, or	ranking elected official) (Prim	any Permittee)	
I certify under penalty of latthe best of my knowledge a	w that this document and	all attachments were prepare	ed by me, or under my o	direction or supervision. The sul penalties for submitting false in this declaration is made under	bmitted information is to	
Owner or Developer Nam			Signature: 7/1	1 124	Date: 7/1/16	
Contractor(s) Certificati	on (must be signed by p	resident, vice-president or	equivalent, or ranking	elected official) (Secondary I	Permittee)	
submitted is accurate. I am and that certain of my activ	lied above and/or my in aware that this NOI, if a itles on-site are thereby re	quiry of the person directly pproved, makes the above-cogulated.	responsible for essem described construction	renced above. Based on my inc bling this NOI and SWPPP, I activity subject to NPDES perm	halloug the information	
Contractor company name	e (print or type): 3D ENT	TERPRISES CONTRACTI	NG CORPORATION			
Contractor signatory (print/type) (V.P. level or higher): MIKE KLEIN, VP OPERATIONS			Signature:	X -/	Date: 2/3/17	
Mailing Address: 3257 LOCHNESS DRIVE			City: LEXINGTON	State: KY	Zip: 40517	
Phone: 859-272-6618 Fax: 859-273		9-273-7206	E-mail: MK@3DK			
Other Contractor compan	y name (print or type):					
Other Contractor signatory (print/type) (V.P. fevel or higher):			Signature:		Date:	
Mailing Address:			City:	Zip:		
Phone: () Fi			E-mail:	RECEIVED		
OFFICIAL STATE USE	DNLY					
Received Date:	Reviewer;	Field Office:	Permit Number	AUG 01 Gexceptional		
ee(s): T& E Aquatic		Joinet.	Impaired Receiving	R: 1129 21 TN Water:		
Flora and Fauna:		Stream:	SWANNING A CONCERNATION Of Coverage			

SECTION 9

Certification and Notification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

imprisonment for knowing violations. Name (SWPPP Preparer): MICHAEL	0 0
	ORR Title: PROTECT ENGR.
Signature: Michael On	Date:
I certify under penalty of law that this docume my direction or supervision in accordance with personnel properly gathered and evaluated the	a system designed to assure that qualified
inquiry of the person or persons who manage the	
responsible for gathering the information, the i	
knowledge and belief, true, accurate, and comp	
penalties for submitting false information, incli	_

Name (Construction Operator): MKE KUED Title: POF OPERATORS

Signature: ______ Date: ZZZO17